

compact tissue of the clavicle. The outer end of the clavicle was not involved in the disease. Under the microscope, all the elements of a rapidly-growing malignant tumour were apparent—namely, large mother cells, and fusiform cells, containing several nuclei, granules, &c. The mass consisted almost entirely of cells, a very small quantity of intercellular substance being present.

5th.—Has passed a good night, but has vomited several times. Pulse 123. The left arm is kept raised on a pillow. Ordered six ounces of brandy in the twenty-four hours; ammonia in effervescence; beef-tea, &c.

13th.—The wound is covered with healthy and exuberant granulations; the sickness still continues at intervals; there is an erythematous blush over the chest, extending as far as the right breast. Pulse 120. Ordered an enema, containing ten grains of quinine.

18th.—The erythema has disappeared, and the vomiting entirely ceased; the edges of the wound look healthy; at the centre the granulations are raised, and have a purple colour, as if taking on a malignant action; they were touched freely with nitrate of silver.

27th.—The malignant appearance in the centre of the wound has entirely gone, and the wound has contracted to half its former size. There is an inflamed gland in the right axilla, which threatens to suppurate. Health improving every day.

Jan. 12th.—The wound is contracted to the size of half-a-crown, and looks perfectly healthy. The abscess in the right axilla was opened a week ago, and has now ceased to discharge. She is able to walk about, and while doing so, is ordered to keep her arm in a sling. She now takes citrate of iron with quinine, five grains three times a day.

22nd.—The wound has contracted to the size of a pin's head; there is no appearance of any fresh growth around, and there are no enlarged glands in the neighbourhood. She is able to raise her arm above her head, and executes various movements with her left arm as readily as with the right. There is no perceptible drop in the left shoulder, the only apparent deformity being a slight sinking-in of the tissues where the tumour was situated.

Since the operation, the patient's health has very much improved; she has gained flesh considerably, and has lost her former sallow look. She still keeps the left arm in a sling, placed so as to support the elbow.

CHARING-CROSS HOSPITAL.

TRAUMATIC TETANUS FROM A LACERATED WOUND OF THE FOREARM AND RADIAL ARTERY; TREATMENT BY BELLADONNA AND CHLOROFORM; FATAL RESULT.

(Under the care of Mr. CANTON.)

WE publish this week brief details of a case of acute traumatic tetanus, treated by the external application of belladonna and the internal use of chloroform, but the result was unfavourable. Although recoveries from this disease are rare, yet under various plans of treatment, which have been tried within the past fifteen months in our hospitals, cures have been effected. These we will take an early opportunity of adverting to. The remedies which proved successful were, nicotine, belladonna, opium, Indian hemp, stimulants, &c. At the *Dreadnought* hospital, of three cases of traumatic and one of idiopathic tetanus, which came under the treatment of Mr. Corner, the resident medical officer, belladonna was given internally in two, with marked benefit in one, and great relief to the local symptoms in both; it was applied also externally in the form of plaster. Two of the patients died. In the first of the two cases that recovered (a boy of thirteen, who got chilled by leaving off his flannel drawers, which resulted in tetanus), the belladonna plaster was used, with full doses of morphine when required, his strength being well supported by wine, and his bowels freely purged. The other case was one of fracture of the ulna, with some contusion of the arm. The patient was purged, his arm lightly bandaged, and a twenty-minim dose of tincture of conium given every three hours. The latter was a mild example of the disease.

The notes of the following case were taken by Mr. Holton Arnold, house-surgeon to the hospital:—

Charles A—, aged fifty-three, a gardener, of temperate habits, but of nervous and irritable temperament, was admitted on Sunday, Jan. 9th. He had fallen through a green-house,

and received a lacerated wound of the lower third of the forearm, extending for about an inch over and implicating the radial artery. He lost a large quantity of blood, as the artery was not tied. Symptoms of tetanus showed themselves on Friday, 7th, and on Sunday he was sent to the hospital.

On admission he was examined, and rigid contraction of the jaw and the flexor muscles of the neck found to exist. He could not open his mouth more than an eighth of an inch, but was able to articulate; pulse 80, regular, but compressible and jerking. Urine was examined, and found normal. The wound was dressed, and an opiate administered. Copious enemata of castor oil and turpentine and warm water were given, and seemed to give great relief. The muscles affected were smeared with extract of belladonna, and a poultice saturated with watery solution of opium applied to the wound. Brandy and beef-tea were given freely; chloroform was administered every hour in doses of ten minims, which were gradually increased to fifteen, and afterwards to twenty. He appeared much relieved after each dose, but spasms came on with violence. The wounded arm became quite rigid, and only relaxed when the dose of chloroform was administered. Opiates were given, but very little rest was obtained, on account of the frequency and violence of the spasms.

Jan. 12th.—Two A.M.: The patient had a short nap, at the close of which he was attacked with a sudden and violent spasm, and died from asphyxia, produced by the contraction of the muscles of expiration.

CLINICAL RECORDS.

LONG-STANDING NECROSIS OF THE TROCHANTER.

WE have refrained from the consideration of the affection of necrosis, unless it has happened to be unusually interesting from its peculiar seat, or from its possessing features differing somewhat from those met with in the ordinary class of cases. On the 19th January, an exceptional case was submitted to treatment at St. Mary's Hospital, by Mr. Ure. The patient was a man fifty-four years of age, who was kicked by a horse over his right hip forty years ago, and has nearly all that time suffered from the effects of necrosis of the upper part of the shaft of the femur, and more recently of the trochanter major of that bone. During the last two months he has suffered much from the state of his thigh, which is riddled with sinuses and fistulous openings. When under chloroform, Mr. Ure slit up five of these sinuses, and came down upon the diseased bone, nearly all of which was removed by the aid of a gouge and cutting forceps. Many loose fragments were detached. A large cavity existed in the great trochanter, which was carefully scooped out. The entire wound was now filled with oiled lint, so that free suppuration might become established, and the parts heal up from the bottom. As respects the extent of the disease, together with its long duration, it is one of the severest cases which has come under our notice for some time. The amount of suffering endured by this patient has greatly told on his constitution, and has induced an appearance of age.

NÆVUS IN THE ORBIT AND ON THE LEG.

IT is somewhat unusual to meet with a nævus within the orbit, and in such a situation it is more likely to assume the characters of an aneurism by anastomoses; or perhaps the vascular tumour may possess the characters of both in a mixed degree. Something of this kind was present in an infant who has been submitted to operation several times at St. George's Hospital, during the past few months, by Mr. Pollock. The external characters were those of a nævus, which extended from the outer canthus of the right orbit backwards, pressing against the back part of the eyeball, and thrusting it forwards, giving the child a very peculiar appearance. The operations consisted of obliterating the deeper vessels by means of red-hot needles, and superficially by drawing up folds of the nævus with forceps, and tying them with ligatures. As the superficial portions were thus destroyed, the deeper parts seemed to press forward, and were then similarly treated. When last we saw the child, the cure appeared complete, and the eyeball had resumed its natural position. There can be no doubt that if the child were permitted to grow up to adult age, a very dangerous aneurism by anastomoses would be formed, which by timely treatment is got rid of with comparative facility.

In Howard's work on the Eye, all the various modes of treatment employed in vascular tumours of the orbit and eye-